technical assistance, educational sessions and materials, and consultations.

This sector would have the most influence on the blue collar and service workers. Such a standard would alter the work environment as a passive countermeasure, similar to an airbag in a car. The standard would affect those who smoke by reducing the number of cigarettes smoked during their working hours while protecting the non-smokers from secondary smoke exposure in the workplace.

A non-mandatory amendment would accompany the standard offering smoking cessation support and programs to those employees who smoke through the Employee Assistance, union activities, or activities of voluntary agencies.

This policy change can only occur with support of those influential for establishing the OSHA standard. Workers, managers, legislators, and occupational health experts would be those most likely to be influential. Most plants and companies, union or non-union, have safety representatives and safety and health committees.

For those blue-collar workers who have high levels of smoking rates, and perform the majority of their work in outside or other environments, members of the safety and health committees representatives of the large companies would be the most appropriate channel. They may be trained at the School for Workers. Examples of these workers, include construction workers, road and bridge builder crews, and transportation workers.

Intermediary Groups: Union organized workers number less than 17% of workers. It would be necessary to reach large number of workers, organized or not, through another mechanism, such as safety representatives and safety and health committees. Most plants and companies, union or non-union, have such representatives and committees, or may have Employee Assistance programs.

Understanding the impact of a standard and its effect on the workers could best be organized and disseminated to workers, managers and union officials through a course developed through the School for Workers targeted to safety representatives and safety and health committee members. Those who would attend the course could then "spread the word" to others at the work-site.

Support for the policy changes must be cultivated during the average five years that is required for a standard to be established in OSHA. A firm understanding of the implications of an Indoor Air Quality standard would be enhanced by knowledge of the issues by workers and union leaders. The inclusion of smoking cessation support and programs as an amendment to the standard

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would enhance behavior change and provide support for those who want to quit.

The Tobacco-Free Coalition or members of safety and health committees may be interested in providing information to the Congressmen who may be influential in the standard process, such as members of the Congressional Labor Committees, and House Appropriations Committee. The Tobacco-Free Coalition members affiliated with work-sites could contribute to the support by disseminating information, offering support, and education of both managers and workers decision-makers.

Training these committee members to select the most appropriate tobacco control message for this priority group would have the advantage of utilizing persons who know their audience and are acceptable to them. Large organizations, such as The Associated General Contractors-Milwaukee, and Associated General Contractors-Madison hold an annual "Safety Conference". These conferences are held during the off-season and draw 800 workers to be trained in safety courses.

Linkages and Barriers: The School for Workers, affiliated with both the UW-Extension and Wisconsin AFL-CIO, provides a link between labor and management in working toward the support for an Indoor Air Quality OSHA standard.

The national AFL-CIO has called for an OSHA standard, but according to David Newby, President AFL-CIO in Wisconsin, a smoke-free environment can be used as an individual bargaining element for contract work rules for each local unit. Thus, each unit would have to be presented information on a smoke-free environment.

c. Unions

Wisconsin public sector unions (with local and state employees) are well organized. Although about 17% of workers are union organized, the sector represents numerous messages from labor management committees, to union newsletters, conferences and meetings.

During the intervention phase of ASSIST, implementing worksite smoking control programs and policies will require full participation of the employees at the respective worksites. This will require a close working relationship with unions at these worksites. In the past, many unions have been opposed to smoking control policies. It will be important to work with the unions from the outset, to gain a better understanding of their concerns and opinions. Informant interviews indicate many non-smoking workers are uncomfortable with environmental smoke, but there is organized resistance to management imposition of smoke-free regulations.

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Unions in Wisconsin have been receptive to ACS cancer control initiatives, particularly at the local level. A representative sits on the Wisconsin Cancer Council.

The ACS works closely with unions on the worksite, offering smoking prevention resources. In September, 1990 ACS sponsored a health fair for 300 union leaders who are members of the International Paper Workers. Topics include smoking prevention and cessation, and cancer early detection. Oral screenings for tobacco users will also be offered. The AFL-CIO has included ACS volunteer speakers and literature at their State Community Service Convention. A "Taking Control" cancer prevention awareness program (including tobacco) was presented to several hundred union leaders from around the state.

The major unions in the state include:

- **Teamsters:** There are ten locals, totaling 40,000 members, in the state that make up the Joint Council for the Wisconsin Teamsters Union. All of the locals are affiliated with the International Teamsters Union. The Teamsters Union represents a variety of industries, including dairy, manufacturing, construction, trucking, office, and highway. The largest Teamsters Union locals are located in Milwaukee (8,000 members), and Madison (7,000 members).

- **AFL-CIO:** The purpose of the Wisconsin State AFL-CIO is to aid all affiliated AFL-CIO unions to achieve their aims to serve members. Nearly 1,100 local labor unions, representing more than 300,000 workers in Wisconsin, are affiliated with the state AFL-CIO. The Wisconsin State AFL-CIO is located in Milwaukee. It was founded in 1958 through the merger of the Wisconsin State Federation of Labor and the Wisconsin CIO Council.

Unions in Wisconsin have been receptive to ACS cancer control initiatives, particularly at the local level. For example, for the past five years, unions representing building trades cooperated with ACS and Madison area dermatologists in sponsoring skin cancer screenings. They publicized the screenings in their monthly labor newsletter and offered their labor temple as a screening site. A representative sits on the Wisconsin Cancer Council.

During the intervention phase of ASSIST, implementing worksite smoking control programs and policies will require full participation of the employees at the respective worksites. This will require a close working relationship with unions at these worksites. In the past, many unions have been opposed to smoking control policies. It will be important to work with the unions from the outset, to gain a better understanding of their concerns and opinions.

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d. Voluntary agencies

ALA and ACS have had a long-term commitment to cessation programs in the work-site, self-help materials and instruction. Today ACS smoking cessation programs are available on an on-going basis, in establishments such as the University of Wisconsin-Milwaukee, Wisconsin Bell Telephone, Sentry Insurance, and General Motors. Wherever possible, ACS local units supply volunteer Fresh Start/Smart Move (smoking cessation programs) facilitator to local employers when an employee has not been identified as a facilitator. When direct services for a clinic are not available, local ACS units always provide self-help materials for the smoker who want to quit.

American Lung Association: The ALA assisted 300 companies and their 30,000 employees in establishing smoking policies and implementing smoking cessation programs in 1990. In 1988-89, 368 companies contracted with the ALA of Wisconsin for assistance. Work has also begun on TUFFS (Team Up for Freedom From Smoking), which is an innovative and comprehensive approach to creating smoke-free worksites.

American Cancer Society: The ACS works closely with unions on the worksite, offering smoking prevention resources. In September, 1990 ACS sponsored a health fair for 300 union leaders who are members of the International Paper Workers. Topics included smoking prevention and cessation, and cancer early detection. Oral screenings for tobacco users were also offered. The AFL-CIO has included ACS volunteer speakers and literature at their State Community Service Convention. A "Taking Control" cancer prevention awareness program (including tobacco) was presented to several hundred union leaders from around the state.

Cessation Programs: For many years, the ACS has targeted worksites for smoking cessation programs. On average, 20 smoking cessation program facilitator trainings, averaging five attendees at each, are sponsored annually around the state. Occupational health nurses and human resources personnel are targeted for participation. Experienced facilitator serve as trainers and cover the "Fresh Start" and "Smart Move" program, as well as smoking cessation theory, health statistics, and group dynamics. "Special Delivery" (a program to reach low-income pregnant women) has been added to the training agenda.

e. Safety Health Personnel at the Worksite

Opportunities for tobacco control at the work-site could involve occupational health nurses, safety directors and industrial hygienists. In general, occupational health nurses are employed in companies with less than 500 employees. Safety Directors are hired to educate and train employees in companies with 1,000 -

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1500 workers, while industrial hygienists are in companies with over 2,500 workers.

Tobacco control measures, both personal health issues and those of concerning environmental tobacco smoke, may be issued forth these personnel.

f. Educational Institutions

This sector reaches large numbers of workers and trainers in the work-site channel. These institutes would include universities, technical colleges, the extension system, and other specialized schools.

UW-Extension's School for Workers: The School for Workers, affiliated with the UW-Extension, has as its mission to train workers and offer technical assistance to workers, union staff, officers, and stewards, and managers in work techniques and programs. The School develops programs from the requests of the above population, using faculty from the School staff and the University of Wisconsin. Proven learning techniques and knowledge of the issues would be an advantage.

For example, the School has trained workers in proper asbestos and lead abatement techniques. In this way, workers are trained properly as a group by experts in the field, rather than expensive, individual training in numerous settings.

4. COMMUNITY GROUPS

Community groups are important for smoking prevention and control because they provide a chance to reinforce tobacco control efforts in other channels and to directly interact with smokers not reached through other channels. In addition, many community groups deal with issues which include or are closely related to tobacco control efforts.

The ACS, ALA and AHA have established working relationships with community service organizations throughout the state. A mailing list of important organizations in the state has been developed at the ACS. ASSIST staff are compiling an additional mailing list. Nearly every community or professional organization in the state communicates with its members by some means which will be identified further. However, little information is available regarding the types of health promotion programs or tobacco-related program presented in these communications. Many of the newsletters of statewide organizations routinely carry anti-tobacco articles or advertisements sponsored by the ACS, ALA and AHA. These are published as a public service or in response to local initiatives.

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In selecting from the huge range of possible networks we have selected those who have either expressed an interest in tobacco control activities or for whom tobacco control activities seem to be a logical extension of their current activities.

a. Alcohol and Other Drug Abuse (AODA), and Prevention Networks

Attributes: This sector provides access to adult and youth smokers in every county and is closely integrated with school, worksite and parts of the health care channels. Tobacco, as a drug and a major contributor to other chemical dependencies, is usually addressed in AODA literature, curricula, and awareness activities.
This sector is useful for reaching community influentials and decision makers - many of whom are supportive and active in drug control activities. It is also, through numerous community agencies excellent for reaching citizens concerned about health issues, parents, schools, and often high risk youth.

Members of groups in this sector have expressed high interest in working with and helping ASSIST staff statewide and locally. Many indicate a desire to merge their coalitions with tobacco-free coalitions. The AODA field in general has increasingly focussed on tobacco issues, especially in the schools.

Major intermediary groups: The Wisconsin Prevention Network, Wisconsin Clearinghouse, Positive Youth Development, Alliance for Drug-Free Wisconsin and 4-H Youth Development staff can reach most of the professionals and citizen groups in the state who work with youth via mailings, training, conferences, newsletters and regular meetings. With their access to public (state government) and major private organizations they can quickly get information to those who work directly with youth (teachers, social workers, prevention workers, youth workers). Locally, these groups' members also incorporate youth and parent membership. For example, at the annual PYD/WPN conference they will typically have about 250 professionals attending and another 500 youth and parents.

Linkages: Although some of these barriers appear locally, communities have been actively working towards overcoming them with regards to tobacco. The AODA and prevention sectors have over the last few years begun extensive interactions with other groups. Some community and many school programs regarding AODA and youth have a major focus on tobacco. Several DOH ASSIST staff have extensive connections with these sectors and with other youth groups and have been actively networking with them.
The recent Synar Amendment seems to be provoking an addressing of tobacco issues as the state levels of this sector.

Barriers: At a state level the AODA and Prevention Network sectors have not interacted extensively with other public health

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sectors (and vice versa). This has been due largely to the separation in state and federal government of tobacco (health services) from other AODA issues (social and human services). There are thus some fears of either being swallowed or ignored by the other.

These networks, except at the elementary school level, have not addressed tobacco issues consistently. Many professionals view tobacco as a minor drug dependence issue. In the treatment parts of this sector, smoking is common among professionals and clients and often ignored as a lesser issue (and thus not incorporated in chemical dependency perspectives). There is a lot of "denial" of the addictive aspects of tobacco.

Another barrier may be the acceptance of alcohol industry funds (tied to tobacco industry funds) by some of the AODA network members in Milwaukee and some other communities. This has already been divisive in community action, may limit attention to tobacco issues, and needs to be addressed.

b. Social Service Organizations

Attributes: The one sector in this channel with a high potential for a tobacco focus and which does extensively reach populations less reached elsewhere are the social services. This is especially true for those working with low income families and individuals. These services cover a wide range of areas - jobs, income maintenance, nutrition, social health and linkages to health care. The social service organizations sector is can reach large numbers of low income, unemployed and welfare clients within a context of requesting and receiving social service and health care services. County social services extensively interact with this population on a regular basis and provide a large number of remedial care services. Many blue collar workers belong to the national guard, use the YMCAs as recreational facilities. Indications from coalition members and informants in this sector are that responses to smoking cessation activities through them (Salvation Army, Military Affairs) have been positive.

Major intermediary groups: As indicated in the channel description, several major statewide organizations (e.g., Wisconsin Association of County Human Service Providers, Dept. of Military Affairs, Jaycees) which can reach local members. The Jaycees especially have the capacity to do outreach in many communities and have a long history of dealing with health issues. The Children's Trust Fund through its conferences, newsletter, funding and resource centers can actively reach blue collar families whom it has targeted for services. The state Dept. of Health and Social Services (which also houses ASSIST) has regular mailings to all the county social services groups).

Barriers: By and large, the organizations listed under the Voluntary and Professional Health Networks would be the most

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likely to want to reach this target population with tobacco control activities. However, coalition members have indicated a lack of success thus far in this area. This means going to other sectors in this channel who have extensive capacity to reach these populations - but for whom tobacco control has not been a major focus.

Key informant interviews with Salvation Army and Family Services staff indicate that most social services are crisis intervention/immediate need oriented. Although a high percentage of clients smoke, they come with specific needs that must be addressed and often interact with services for only a short time. Service providers are hesitant to raise an issue their clients do not raise. Some education and provision of smoking cessation services to professionals in these sectors will need to occur.

In addition, the state coalition has not yet reached out to the clubs/civic groups and more social/recreational sectors of this channel. This will require extensive outreach and careful selection of groups for potentially positive responses.

Linkages: Local social service activities often intersect with health care and the issue of tobacco use can be raised easily within that context. A Salvation Army informant has indicated that this has been a very successful strategy. The connection between tobacco and other drug use (e.g., as a health issue for this target population and as a linked behavior for youth) can be highlighted for those groups already active in drug abuse.

With a few exceptions, most of the services have only loose statewide ties but strong local connections to other channels and influentials. A local linkage to explore is the common focus of both social services (e.g., employee assistance programs) and health networks (wellness, health and smoking cessation programs) with worksites with whom both interact in the provision of services. Furthermore, many professionals in the health networks sector also belong to local social service agency boards, and religious and civic clubs, in leadership roles.

There appears to be a growing acknowledgement of smoking as an issue for staff and for clients and organizations in this sector appear willing to utilize free, non-intrusive activities. This seems best addressed at the local coalition level where ties and influence on these organizations are strongest.

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c. Voluntary and Professional Health Networks

Attributes: As major intermediaries, providers of smoking cessation services and groupings of maternal and child health care professions, the Voluntary and Professional Health Networks can especially reach women, particularly middle income, in a wide range of health care settings. Many of these networks already exhibit major concerns regarding tobacco control and women's health problems (e.g., in breast cancer, maternal and child health care, prevention of birth defects, OB-GYN, etc.) through organizational policies and through services provided by members. Especially during the times surrounding pregnancy and infant care, many women interact with this sector out of concern for their child's health. This is also the highest quit time for smoking for women.

Social services similarly reach large numbers of women regarding family, personal and child well-being issues. They facilitate access to health care services, typically deal with other chemical dependency issues and are especially suited for reaching low income women. The two sectors together can reach the vast majority of women in the state and in every county and community.

Because health and social service activities are greatly limited in rural, especially northern, areas, special attention needs to be paid to groups with a rural focus. Although there is some overlap with the other sectors (who can reach women in rural areas), a special focus on reaching women outside of urban areas is needed.

As advocates all of these sectors have been active in bringing attention to women's health issues and the health networks have especially addressed tobacco concerns.

Major intermediary groups: The health networks all provide training, information and policy direction to professionals directly serving women. In addition, ACS, ALA, AHA offer smoking cessation services directly to women via community, health care and worksite settings. The March of Dimes is a good vehicle for public awareness services. The members of the MCH Coalition, Medical and Dental Associations provide direct services to women and policy initiatives for their members. Many volunteers and leaders in these groups are women who are active in expanding public knowledge, concern about and support for improving women's health. WACHSP can effectively reach most social service organizations and leaders.

Through the Farm Bureau Federation and UW Extension (Homemakers and other rural outreach programs) widely dispersed professionals who serve women can be reached.

Barriers: An organizational problem may be that while various groups in this sector have worked together at the state level

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they have not, in many communities, found effective structures for ongoing local cooperation. Local health departments, for example, have thus not had the kind of volunteer advocacy needed to support smoking control and other policy and service initiatives (contrasted to social service public-private coalitions which have been very effective politically). The early experiences with local ASSIST initiated coalitions indicates that the ASSIST model can be very helpful here.

A major target population related issue may be that the strategies for working with women who smoke have not been effective in promoting and maintaining cessation. Although the groups listed have focused a great deal of attention on women, smoking and pregnancy - less attention has been paid to class and personal issues for women. Recent studies (e.g., those recently presented at the ASTHO Conference on tobacco) indicate women require more group support to maintain cessation. Most programs are heavily middle class in their appearance and focus and have not addressed working class women's needs and perceptions.

A further barrier may be that women who do not work outside the home may come into less contact with smoking cessation activities. Although rural programs address this issue more, by and large contact with smoking control messages outside the home has been limited for homemakers - while pro-tobacco advertising and promotion has been very heavy. Use of a broad range of community groups sectors would make the most sense but this will require extensive outreach to clubs, local women's groups, etc. - for which ready made intermediary networks have not been set up.

In addition, both health care (non-maternal) and social service sectors need to be encouraged to address smoking among clients far more than they do now.

Linkages: There is a fair amount of overlap between the health networks groups thus facilitating relatively easy working relationships and mobilization. Many individual women's group also access these groups as speakers for club meetings and forums on women's health care issues. These sectors also have good access to the worksite and school channels so as to reach young to middle age women. The social service groups also have similar access points as well as having numerous linkages to the health networks at the local level. State government forms a common linkage to all of these groups.

d. Ethnic and Minority Groups and Organizations

Attributes: In general, although people of color are most likely to interact with organizations within the social services sector, many of these interactions are viewed very negatively. However, groups such as the Urban League, Great Lakes Intertribal Council and some of the local health networks and alcohol and other drug

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groups in Milwaukee (Fighting Back, Inner City Council on Alcoholism) identify people of color for outreach and services. Other groups in these sectors do not.

Major intermediary groups: Informants indicate that with black males, physicians can be effective intermediaries which indicates the State Medical Society and the Black Health Care Coalition of Wisconsin (Milwaukee) as key groups. However, informants for all of the peoples of color populations indicate personal, one to one, word of mouth communications the best format - and this is best done by people of similar racial and ethnic backgrounds within any of the organizations in all of the sectors in this channel.

Barriers: Informant interviews indicate great resistance among Hispanic, African American and Native American target populations and intermediary (health care and social service) professionals. There is denial that smoking is a major problem - especially compared to alcoholism, jobs, economic survival and access to health care. Smoking is viewed by many as a pleasure or culturally acceptable and proper behavior. One informant indicated that many social services and alcohol and other drugs professionals of all races themselves smoke and offer clients cigarettes as a form of trust building. A Hispanic health care informant indicated anger at addressing smoking when getting any health care was the issue. A meeting with tribal health care workers did not even mention tobacco as a problem until a state health person raised it as an issue. Thus, education of the intermediaries is a major task here. With a few exceptions, alcohol & other drug networks addressing these populations have ignored tobacco issues.

Other intermediaries (social and religious organizations) see tobacco use as a personal issue, outside of their scope and not, at any rate, a primary concern.

Linkages: Key organizations (Urban League, Great Lakes Intertribal Council, Milwaukee Coalition Against Drug and Alcohol Abuse) have indicated a willingness to confront tobacco use - especially with concern to controlling tobacco promotion that they view as taking advantage of/exploiting their client populations. Inner city churches in Milwaukee have been very active in the local coalition there. To the extent that federally OSAP identifies and encourages linking tobacco with other drug issues, that makes it easier locally to do so (via funding, literature, programming, etc.). Physicians and nurses can provide common linkages between tobacco and other issues. People of color within other organizations (e.g., ACS) can help change the lack of attention people of color have received regarding tobacco control via those groups.

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e. Social Organizations

Attributes: A wide range of clubs, religious groups, social groups, recreational facilities, etc. reach persons of lower socioeconomic status.

Although our state coalition is weak in connections to clubs, associations, etc., many blue collar workers are active in these (e.g., VFW, sports and recreation) groups. At a local level we have indications that leadership of many of the civic groups are especially supportive of health improvement activities and have been active supporters of local AODA and now ASSIST coalitions.

Barriers: By and large, this sector is in need of exploration by ASSIST local coalitions since it has not widely participated in tobacco control activities thus far. A major barrier for all sectors in this channel is the lack of programs and materials targeting people with low education levels. Most smoking cessation materials are heavily print oriented and generally portray very middle class values.

This population may also be very resistant to smoking cessation and prevention messages since smoking is very entrenched in the values and lifestyle of this population. Informants indicate that the perspective of this population regarding smoking is of a personal pleasure (legal, affordable, and paid for), a major source of coping with stresses of life (for people often in high stress life situations). In addition, the motivation to quit (e.g., expectations of a better, longer, healthier life) does not seem credible to them. Personal self efficacy and hopes for a better future are often lacking here. These attitudes are often reinforced by the professionals who work with this population. Access to social services may be sometimes difficult and the interactions with them may also be negative.

Linkages: The social service intermediaries have a variety of linkages with other channels (schools, worksites) and religious groups which may allow for multiple access points. However, other channels are probably better ways to target this group as a distinct population.

5. COMMUNITY ENVIRONMENT

The community environment channel represents the social and cultural surroundings of smokers, outside of the workplace, schools, health care settings, and community groups. These influence include media (such as TV, radio, print, outdoor advertising, and small media), access to tobacco, and public smoking policies.

While the state coalition and staff can provide many resources and ideas, this channel is not influences through local coalition

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activities. Much of the media are inclined to provide access from local rather than state or national groups.

a. **Radio and Television**

Attributes: The broadcast mediums of TV and radio are the most influential with the blue collar and service sector groups--more so than most types of print mediums. Service sector employees may be reached through daytime radio and possibly daytime TV soaps and talk shows. Smoke-free PSA's targeting reproductive age women can be used during daytime soaps and radio programs.

Other key informant interviews suggest that menopause, signalling the end of a woman's reproductive years, is also be a key health decision-making point during which smoking-cessation might be introduced. A recent New York Times article discussed the fact that the oldest baby boomers are just beginning to influence the discussion and treatment of menopause, making decisions about their past and future use of hormones. Project ASSIST can develop and disseminate tobacco messages for this group by encouraging feature articles in the wide variety of women's magazines and lifestyle sections in newspapers.

There is a need for culturally appropriate materials. Many of the smoking cessation and prevention materials utilized by community groups are non acceptable. We will need to identify or modify existing print and broadcast materials for the Native American population in the state as well as those for African-Americans and Hispanics.

Intermediary Groups: Radio and TV stations are organized under one umbrella organization, the Wisconsin Broadcasters Association (WBA). WBA is the only statewide organization whose purpose is to promote, protect, and strengthen the interests and rights of the broadcast industry in Wisconsin. WBA has 141 radio station members, and 24 television station members. There are approximately 125 radio stations and 20 television stations in the state. WBA is a member of our statewide Coalition and will commit significant resources to our tobacco-control efforts.

The Wisconsin Broadcasters Association (WBA), Press Women's Association, Women in Communications, Madison Advertising Federation and Advertising Federation, and Public Relations Society of America are examples of groups that bring media representatives together in Wisconsin. from a statewide perspective, local coalitions will be most effective and provide many of the contacts with the media.

Linkages and Barriers: The cost of television time may be prohibitive. Although stations provide time for PSAs, these are often aired late at night when viewership is low. Local coalitions have the best opportunities for obtaining air time.

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A major barrier to reaching lower SES groups will be that many community services groups which are reaching this group - as well as some key media gatekeepers - perceive smoking as a very low priority in relation to other health risk behavior issues they need to devote space and time to.

b. **Newspaper**

Attributes: Print messages about tobacco should be focused in sports sections, sport and outdoor magazines for the male blue collar sector.

There are three minority-run newspapers in Milwaukee and some Spanish-speaking radio stations coming out of Chicago. However, key informant interviews suggest that the two major city papers and network newscasts remain the most influential media for people of color.

Intermediaries: The Wisconsin Newspaper Association (WNA), established in 1853, is the State's oldest press association representing over 255 daily and weekly newspapers statewide. Local coalitions have been very effective at getting press coverage for tobacco issues.

c. **Outdoor advertising**

The trade organization representing this media group is the Outdoor Advertising Association of Wisconsin. Seventeen outdoor advertisers are members. The purpose of the organization is to help members share information on current industry trends, promote industry, develop state-wide marketing campaigns, and follow their code of practice for ethical standards. There are approximately 50,000 outdoor advertisement structures in the state.

d. **Small media**

Attributes: Most organizations, hospitals, and other institutions communicate frequently with their members. This form of media has an important role in any intervention program. During ASSIST, these media will be accessed frequently through the organizations, especially those who are members of the Tobacco-Free Coalition.

This target group can be reached at key points when they are biologically compelled to make decisions concerning their health and that of their children - the period before and during pregnancy. There are a variety of print mediums which reach women immediately after the birth of a child which we can utilize to provide support and encouragement for many who are likely to start smoking again. For example, Project ASSIST will be incorporating smoking messages into a UW-Madison developed

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parenting newsletter series distributed by hospitals, clinics, and county home economists across the state.

e. **Billboards**

We need to see smoking prevention messages which use target population role models- including people of color. Billboards are an important medium to begin restricting, particularly in the inner city where African-Americans are targeted by tobacco advertisers. Billboards are also a good avenue for tobacco preventions public service announcements since many outdoor advertisers in Wisconsin are committing a percentage of their space to PSA's.

f. **Print Advertising**

The tobacco industry spends a significant amount of money advertising their products in magazines and newspapers which reach our target populations. This is an area which ASSIST coalitions need to monitor more closely and continually bring to the attention of editors, publishers, and the community at large.

Retail outlets are also inundated with tobacco promotions which are clustered around checkout counters or affixed to entrance doors - at just the right height to reach the five to twelve year old audience. Local coalitions can significantly reduce this barrage by urging retailers to remove tobacco displays or even to stop selling cigarettes. There is a small, but growing movement among pharmacies in the state to go smoke-free.

ASSIST Wisconsin can counter the tobacco company's presence by distributing smoke-free messages through positive visual images, coupons and tip sheets. We plan to explore with the statewide Coalition the development of a smoke-free 800# which would appear on all our print collateral.

ASSIST Wisconsin needs to present positive role models of non-smoking women to counter the "sexy, slim, virile" female smoker that tobacco image makers are selling on billboards and in women's magazines. The Virginia Slim's latest slogan "Take a Break" capitalizes on the association for women of smoking and stress reduction. Counter advertisements need to project images of women in fitness centers, or weight reduction programs, who feel great because they have quit smoking - their complexion is clearer. Role models need to talk about using their cigarette dollars for healthier stress-reducing activities. Key women's organization's need to position smoking as a primary health issue for women.

g. **Non-Print Collateral**

"If you smoke or grow tobacco, your rights are in danger!" begins the sign in the first booth at Race Track Park in Edgerton,

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Wisconsin. "Please join R.J. Reynolds Tobacco Company in supporting smokers' rights." (R.J. Reynolds donates some $6,000 to Edgerton's annual Tobacco Days celebration)

h. **Pro-smoking Cues and Messages**

Attributes: Unfortunately, tobacco and tobacco advertising are easily accessible to youth and smokers throughout the state. Vending machines, store displays, free tobacco giveaways, and coupons all cue the public to smoking. Tobacco companies are responsible for many of the visual cues that influence smoking in Wisconsin. Billboards advertising cigarettes are a common sight along many streets and highways in the state. A greater proportion of the billboards in the minority neighborhoods in Milwaukee advertise tobacco than in other communities in the state.

Many convenience stores advertise cigarettes outside of the store. Tobacco companies also sponsor many giveaways that publicize their names. They frequently give away sports bags, sweatshirts, T-shirts, hats, and other athletic-related items imprinted with their logo for free advertising.

Intermediaries: Media coverage of tobacco-related events increases the "non-smoking" norm that must be developed. For example, newspaper coverage of events such as the Great American Smokeout or Smokefree Class of 2000 activities makes the public conscious of the non-smoking trend in the state.

Legislative bans on cigarette advertising in the media have helped decrease the acceptance of cigarettes, although more work remains to be done in this area. There is the potential for increasing smoking prevention efforts in the schools using positive role models. Local coalitions seem to have the best chances for affecting local tobacco promotion activities.

Professional organizations, such as the Wisconsin Outdoor Advertising Association, can exert influence on their membership to eliminate tobacco cues. This organization has a voluntary code of ethics for members, where they discourage the advertisement of products which are illegal to sell to minors.

C. COALITION PROCESS

1. Coalition Contributions

a. State Coalition

The coalition members all received worksheets for the channel that they represented. For example, the Wisconsin Hospital Association was given a worksheet for the health care channel; Wisconsin Manufacturers and Commerce was given a worksheet for

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Source: https://www.industrydocuments.ucsf.edu/docs/qfbl0000

worksites, etc. The coalition members were then asked to assess the ways that their channel could be used to access members of the five priority groups.

In addition to the coalition worksheets, experts around the state were interviewed as "key informants" by ASSIST staff, to determine the most appropriate means of reaching target populations.

After the draft site analysis was completed coalition members received sections (or the whole if requested) of the analysis relevant to them and submitted suggestions and changes. ACS staff also thoroughly reviewed and responded to the draft.

In addition, ACS volunteers were provided with key informant interview forms to speak with both intermediaries and with members of the target populations.

b. Local coalitions

At the time of writing of this document the local coalitions were just forming. However, information gathered through extensive staff interaction with coalition members and at early coalition meetings has been used in this document.

Staff is currently revising and simplifying the site analysis process for the local coalitions and joint ACS/DOH trainings of coalition representatives will occur in late October, early November.

2. **Issues**

State coalition participation in the site analysis has been inconsistent although active help has been provided by many coalition members. Many coalition members have seen the site analysis as a staff activity and have been much more interested in participating in tobacco control policy and media issues.

Other major problems encountered in this process included:

- Too much jargon. Few people understood terms such as "channel" and "sector."
- People did not realize the point of the exercise. They could not determine how detailed to be and what to include.

The key informant interviews were very helpful in identifying new and innovative approaches to reaching groups. In addition, these individuals were very helpful in pointing out barriers that were not anticipated, such as the lack of access to health care and lack of perception of smoking as a problem.

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Finally, staff and coalition members had difficulty identifying channels and sectors to access persons with lower education group, aside from the ways that access blue collar workers, women, youth, and ethnic minorities. However, Dr. Yoast has strongly encouraged that the lower education group be maintained as a priority so that all policies and especially media and programs can be examined with the perspective of whether this population is being addressed.

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Source: https://www.industrydocuments.ucsf.edu/docs/qfbl0000

IV. COALITION RESOURCE ANALYSIS

A. CAPABILITIES AND NEEDS

1. State Coalition

Policy: Many of the existing coalition members have worked effectively in the area of policy interventions for tobacco-control. These organizations are committing a significant portion of their time (meeting agenda items, member newsletters, legislative alerts, etc.) to tobacco-control policy issues. The Coalition has recently formed a Public Policy Committee. It includes representatives from eight Coalition member organizations, and is staffed by the American Cancer Society.

Media: The Tri-Agency coalition members, the Division of Health, the State Medical Society, and the UW Center for Tobacco Research and Intervention have been utilizing the news media effectively to advocate for tobacco-control policies as well as deliver continual smoke-free messages to the community at large.

A Media Committee of the Coalition, chaired by the Wisconsin Hospital Association, has begun meeting. The committee currently has eight members drawn from the Coalition. Most of the committee members are also the communication specialists within their organizations. It is the committee's intent to bring in outside media expertise as needed. Tri-Agency members shared information about their individual media efforts as they relate to tobacco. The committee identified a need for a state-wide 800# to support media efforts. They discussed the need for advocacy training for Coalition members in general, and this committee in particular. Because of the local orientation of much of the mass media, access to air and editorial space will be coordinated statewide but carried out locally.

The Coalition, in their priority setting process, expressed a desire to use an activist media approach similar to the one used in recent years in California. The Steering and Media Committees expressed surprise and disappointment at the limitations placed on the use of ASSIST funds for pro-health media development and placement.

Channels and Target Populations Represented: The Coalition has very strong representation in the Health Care channel with fifteen of its current twenty-nine members falling into this category. The School channel has representation from official education agencies but is being expanded to include parent groups and other organizations serving youth. The Worksite channel is well represented for management and white collar workers. The Occupational Health Nurses Association of Wisconsin is an important new Coalition member. The Community Groups channel is well represented in the health care networks and some minority

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specific groups. Other new members to the Coalition include the Indian Health Service and the Wisconsin Coalition for Corporate Responsibility, a coalition of religious groups with specific tobacco-control objectives.

The Coalition needs to broaden its representation from all the target populations. Membership invitations have been extended to statewide women's organizations, unions, and other organizations representing people of color. Some of these invitations have been declined. Some of the target populations, such as youth, will be more appropriately and successfully included on local coalitions. Also, as the Coalition builds its working committees in the target and channel areas, these committees will recruit new and broader participation.

In September the Steering Committee voted to offer membership to each of the 28 local coalitions. This expansion should help to broaden representation from both channels and target groups on the state coalition.

Many of the member organizations are successfully reaching reproductive-age women and certain segments of youth. The Coalition member groups also recognize their weaknesses in reaching ASSIST target groups and are making significant efforts to improve their reach to these populations. Recent DOH and ACS activities have emphasized increasing representation of people of color on both the project Executive Committee and on the Coalition and its Steering Committee.

At the July 1992 full coalition meeting, members identified a number of individual and coalition needs and desired outcomes. These are in the process of being prioritized for inclusion in the tobacco control plan. Major issues raised (not in priority order) include:

Tobacco Control Policies
- Increasing Excise Tax on Tobacco Products
  (Duplicate California model)
- Smoke-Free Buildings: Emphasizing local ordinances in Public Places
  Restaurants, Malls, Sports and Entertainment Facilities, etc.
- Strengthen Enforcement Efforts for Youth Access
  Vendor Education
- Give enforcement responsibility to public health
- Repeal of Smoker's Rights Bill
- Divestment
- Support tobacco company efforts to disinvest
- Develop strong legislative network & coordination of efforts

Media
- Aggressive media vehicle
  (Duplicate California model)

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Awards Program (legislators, restaurants,health professionals, hospitals, workplaces, communities, etc.)
Identify potential tobacco-free sponsors & corporate contributors for all efforts
Greater visibility for Coalition
Staff/lobbyist?

Smokefree Workplaces
Educate workers and management on cost and health impact
Encourage reduced insurance rates for non-smokers/quitters and other financial incentives
Increase cessation services available to worksites

Public Health Education
Encourage inclusion of tobacco in comprehensive school health education and existing programs reach low income women, parents, and high risk youth
Encourage inclusion of tobacco prevention and cessation curriculum and training for health professionals
Establish tobacco use as a vital sign for health professionals
Vender and Retail education programs
Explore ways to make tobacco education/quit program participation mandatory for many federal/state/local programs
Focus on high risk and hard to reach groups by identifying best programs and materials and how to reach them
Train corps of advocate/speakers who can go out and do training, motivating, and speaking (Trainings should not be boring)

2. Local coalitions

Because they are just forming it is hard to assess the local coalitions. However, staff interactions and planning with them does allow us to describe their progress thus far.

At this time there are twenty eight local coalitions in 25 (out of 72) counties. They cover all but three counties (coalitions are beginning in two of these) with a population of over 100,000 and all major urban areas. All but one major TV media areas will be accessed through local coalitions (an additional one in northern Wisconsin will be accessed by Minnesota ASSIST).

While the number of local coalitions is large, long experience in the state indicates a traditional of highly localized policy, media and advocacy efforts in the health and social services arenas with back-up statewide support and coordination (see the discussion in the Tobacco Control Section above). The state has a long tradition of and experience with community organizing (for example, the Alliance for a Drug Free Wisconsin has over 90

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active voluntary coalitions with no funding and very limited technical support).

Most coalitions began with a core of local health department, school staff, ACS, ALA and AHA staff and volunteers, with an ACS unit staff assigned to each one. Most are now engaged in broadening their membership and many include local university, media, concerned citizen, hospital and health care representatives. All have been given guidelines regarding scope of membership (channels, key influentials, target populations), mission statements and organizational structure.

The support structure and coordination for these coalitions is now in formation. In outline it includes:
- DOH staff to support coalitions in a)the Milwaukee region and b) the rest of the state
- central ACS staff support with assignment of ACS unit staff to support the coalitions in their areas (with recruitment of ACS volunteers into those coalitions)
- assignment of AHA and ALA volunteers to work with the coalitions
- monthly teleconferences from ACS and DOH central staff with coalition representatives and ACS unit support staff
- monthly support materials mailings to coalition contacts
- computer linkages via a public school network (this is under exploration)
- centralized training events (the first is scheduled for October) for coalition development and key task training.
- regular surveys of coalition needs (the first went out in August and is being tallied now).

Additional plans being explored include
- use of the state grant match for funding 11 tobacco control specialists (one in each major metropolitan area) to serve as coalition supports (under guidance by ASSIST staff)
- development of regional coalition groupings for media and broader policy purposes, and to select representatives for the state coalition
- use of federal prevention block grant funds to support local coalition and other tobacco control activities.

The state coalition's Steering Committee recently agreed to invite all local coalitions to join the state coalition. It is expected that some provision will eventually be made to assure some representation for local coalitions on the Steering Committee itself.

B. CAPABILITIES TO QUICKLY MOBILIZE

1. State Coalition

The Coalition has revised its bylaws to allow the Coalition Steering Committee to act for the Coalition between the quarterly

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meetings of the membership. This will allow a core group of active members to make quick decisions without having to resort to full Coalition polling on each action step.

A database for tobacco coalitions and activists is being developed which will provide the ability to mail, FAX, or E-mail action alerts to our growing ASSIST network. It will incorporate existing "tobacco-interest" mailing lists developed by Coalition members. This database will be available to Coalition members for their tobacco-related mailings. It is our expectation that the ACS will utilize this list for their tobacco control public policy initiatives. The database will have the capacity to sort by state legislative district.

We hope to build capacity to deliver tobacco-related information through electronic mail systems in the state. We have been given preliminary permission to utilize an E-mail system being developed in the CESAs (Cooperative Education Service Agency) which would give us quick access to school systems.

We are already utilizing the communication networks built into each Coalition member organization. Because the success of state policy (passage and implementation) is very dependent on active local constituent support, we expect the availability of local coalition support to be very helpful.

2. Local coalitions

The structure of ASSIST support for local coalitions has been created with an eye to rapid, easy communications with coalitions. ACS and other state coalition members also have action alert systems which we plan to plug the local coalitions into. Part of the training we plan for the coalitions includes developing such action-oriented capacity locally.

C. COALITION NEEDS

1. State Coalition

Policy: As discussed previously, many of the coalition members are actively working on tobacco-related policy issues, but these efforts are largely independent. It will be a challenge for the Coalition to begin coordinating their policy initiatives through a working Public Policy Committee. This committee has now presented an initial policy agenda to the Coalition. Specific strategy development to accomplish that agenda is their next step. This Committee also will need to evaluate local coalition policy initiatives to determine which may need to be addressed through statewide policy initiative by the Coalition. The Coalition as a whole needs to develop stronger relationships with key contacts at the legislature and Governor's office. Another area which needs evaluation is the capacity of the Coalition to impact the tobacco policies of state agencies and corporations.

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Media: Media activities of coalition members have generally not been aimed at the target populations identified by ASSIST. The Media Committee needs to evaluate how smoking messages can be incorporated into already existing media efforts (for example, programs developed by the March of Dimes, prenatal and perinatal education projects, and other drug and alcohol groups) which are reaching target groups. While the Wisconsin Newspaper Association had declined membership in the Coalition, we can continue to forge relationships with individual newspapers and media throughout the state.

Channels: We have recently brought new members into the coalition to expand capacity in the Worksite and Health care setting channels. We need to build capacity in the following sectors of the Community groups channel; social services, alcohol and other drug and prevention networks, clubs, civic associations and recreational groups as well as religiously-affiliated organizations. These groups will be particularly helpful in reaching the target populations which are not being reached through current Coalition member groups. Coalition membership needs to be broadened in the Worksite channel to include representation from organizations which represent blue collar and service sector employees. We need to expand membership to include representation from the variety of local government agencies (county and city associations, police, fire etc.) which have great impact on the Community Environment. We also need to increase our interactions, if not bring into the state-wide and local coalitions, many of the smoking-control activists who are working, largely independently throughout the state. At the September Steering Committee meeting they opened a new category of non-voting membership for individual activists to accommodate these activists.

Target Population: **Blue collar and service workers** are not represented on the coalition. Major union participation may not be feasible on the statewide Coalition, due to major conflicts on tobacco-control policy initiatives. However, we plan to incorporate union community service representation in ASSIST workgroups and on local coalitions. We are developing contacts with eight Worksite-based Health Care Coalitions which exist in the ASSIST target areas in the state. We hope to build capacity to reach this population by building the Community Environment channel discussed above.

The Coalition needs to broaden its representation for **women**. Currently the Maternal and Child Health Association has been a relatively inactive coalition member.

The Coalition currently has one member organization representing and another primarily working with **people of color**. We need to expand representation for people of color, particularly for the Afro-American and Latino/Hispanic population in Milwaukee and for Native American groups in northern Wisconsin.

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The Coalition has members who serve youth in educational settings but does not have representation from organizations made up of youth or which work with youth outside of educational settings. Local coalitions will be encouraged to include youth in their community activities.

The Coalition has the capacity to reach the low-education groups through the VTAE system, but has no membership which targets this population in other settings. This target population needs continued evaluation to determine what organizations we can include to help us reach them. Key informant interviews indicate that access may be best through members on local coalitions.

2. Local coalitions

At this time the primary needs for the coalitions is time to organize and get started (with support from ASSIST staff). Small amounts of money are needed to help support some basic formation activities in most of the coalitions. DOH staff have perceived a need for greater clarity on policy and media advocacy as the main focus and have begun addressing this in every interaction.

Major needs expressed (via staff encounters and a survey to coalition contacts) by local coalition members (in addition to requests for funds) include
Training:
- basic community organizing strategies
- tobacco control: what works
- media advocacy: what works and how to do it
- tobacco use treatment/smoking cessation: what works
- (for greater availability) smoking cessation programs in rural areas, schools and for special populations.

Information:
- fact sheets on tobacco issues of public concern
- sample media materials (PSAs, press releases)
- fact sheets about tobacco promotion
- quantities of low cost materials for citizens on how to prevent and/or quit smoking
- model smoke-free policies

There has been an overwhelming desire to obtain easy, how-to, materials for coalition formation and tobacco control activities. A problem for implementation is a lack of staff time to develop and adapt ASSIST materials which are difficult to understand and very jargon laden.

D. COALITION PROCESS

Many of the statewide professional organizations have had recent turn-over in their designated representative to the Coalition.

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Source: https://www.industrydocuments.ucsf.edu/docs/qfbl0000

Some of the designees do not have a broad knowledge of resources available within their statewide organization. This has made it difficult for them to contribute significantly to the site analysis process. There has also been high turn-over in the key positions of Chair and Vice-Chair of the Coalition.

Some resistance exists among current Coalition members about expanding the membership to include groups who may not allow the Coalition to be unified on all tobacco-control issues. For instance, we have identified the need for labor union participation on the coalition, however, most labor organizations actively campaigned for the smoker's rights bill recently passed in Wisconsin.

There is some resistance among some health groups representing people of color in Milwaukee to become part of ASSIST because they did not participate in the initial grant-writing process. However, the local coalition in Milwaukee pre-existed ASSISt and is a grassroots inner city coalition which needs to reach out to caucasian groups. Key informant interviews also suggest that health care and other social service agencies believe that tobacco-use is a low priority compared to the other health risk behaviors and barriers facing people of color.

Many state Coalition members are unclear about ASSIST's overall goals. They feel inundated by an overload of information and requests for information as a result of the site analysis process. To address this issue, the Coalition Steering Committee devoted the last Coalition meeting to small group discussions which responded to member questions about ASSIST. ASSIST staff have also devoted more time this summer to one-on-one contacts with current and potential Coalition members and Invited Consultants.

As predicted, at the state and local levels there is a general skepticism of a smoking-control project which is spending two years in a planning process and sitting on the sidelines while significant public policy initiatives in smoking control are being won and lost. Coalition members want true initiatives and action now. There is also a great concern over the way funds are allocated primarily towards state staffing. Staff have been explaining that the control plan will determine how the intervention funds are used but there is a great deal of skepticism about who gets what - and why the state department is getting paid to do ASSIST while everyone else is being asked to volunteer.

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